

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

|  |                                    |   |   |
|--|------------------------------------|---|---|
| <b>1. Agency Name</b><br>City of Monrovia                      |                                    | Date Stamp  | <b>California Form 801</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)                |                                    |   |   |
| Street Address<br>415 S. Ivy Avenue Monrovia, CA 91016         |                                    |   |   |
| Area Code/Phone Number<br>626-932-5505                         | Email<br>aatkins@ci.monrovia.ca.us | <input type="checkbox"/> Amendment (explain in comment section)<br>Date of Original Filing: 08/01/20<br><small>(month, day, year)</small> |   |
| Agency Contact (name and title)<br>Alice D. Atkins, City Clerk |                                    |   |   |

2. Donor Name and Address

Individual \_\_\_\_\_  Other Irwindale Speedway

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 500 Speedway Dr Irwindale CA 91706  
 Address City State Zip Code  
 Motorsports Facility

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

|       |          |       |          |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| Name  | Amount   | Name  | Amount   |

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

**3.1 (a) Travel Payment**

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_

\_\_\_\_\_  Rail  Air  Bus  Auto  Other  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:**

\_\_\_\_\_ 8/1/2018 \$ 3,045.00  
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.  
Enhance Employee Morale.

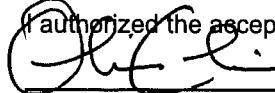
3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Various Citywide Employees

|           |            |                |                     |
|-----------|------------|----------------|---------------------|
| _____     | _____      | _____          | Citywide            |
| Last Name | First Name | Position/Title | Department/Division |
| _____     | _____      | _____          | _____               |
| Last Name | First Name | Position/Title | Department/Division |

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 \_\_\_\_\_  
 Signature Print Name City Manager Title 08/01/18  
(month, day, year)

Comment:  
(Use this space or an attachment for any additional information)

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